

## APPLICATION CHECKLIST TO UPGRADE/EXTEND/REACTIVATE YOUR CAREER EDUCATION CERTIFICATE

**1. If you are requesting an upgrade from a Temporary Certificate the following must be submitted:**

- ☐ **Application Form**  
Completed Application for Missouri Career Educator Certificate Upgrade/Extension/Reactivation. Section II, parts A, E, and F **must** be completed by the employing Missouri school district.
- ☐ **Original Transcripts**  
Original transcripts showing completion of all required coursework must be submitted.

**NOTE:** Appropriate level of certificate (Initial or Career) will be determined by Educator Certification.

**2. If you are requesting an extension of your Initial Career Education certificate (ICE) or VOC-I certificate the following must be submitted:**

- ☐ **Application Form**  
Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts B, F, and G **must** be completed by the employing Missouri school district. **There is no fee required for this type of request.**

**3. If you are requesting your certificate to be upgraded to a Career CEC certificate, the following must be submitted:**

- ☐ **Application Form**  
Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts C, F, and G **must** be completed by the employing Missouri school district.
- ☐ **Processing Fee**  
If you hold a **VOC-I** or an **ICE** certificate a \$35 check or money order made payable to "Treasurer, State of Missouri," is required.

**4. If you are requesting a reactivation of your inactive certificate the following must be submitted:**

- ☐ **Application Form**  
Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts D, E, and F **must** be completed by the employing Missouri school district.  
**An up-to-date background check (fingerprint cards) may be required.**

**5. If you currently hold a Career CEC certificate and are requesting a high quality Career CEC, the following must be submitted:**

- ☐ **Application Form**  
Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts D, E, and F **must** be completed by the employing Missouri school district.
- ☐ **Documentation**  
Two of the three must be documented:
  - ✓ Verification of 10 years of approved teaching experience; or
  - ✓ Master's degree in education or in an area of certification. Official transcripts **MUST** be submitted showing degrees conferred; or
  - ✓ National Board Certification. Supporting documentation **MUST** be submitted

**PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE!**

An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification**  
**Post Office Box 480**  
**Jefferson City, MO 65102-0480**  
<http://dese.mo.gov>

You can check the status of your application on our website at: <http://dese.mo.gov/divteachqual/teachcert/>



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

**APPLICATION FOR MISSOURI CAREER EDUCATION CERTIFICATE UPGRADE/EXTENSION/REACTIVATION**

**SECTION I: TO BE COMPLETED BY APPLICANT**

**A. VITAL INFORMATION**

SOCIAL SECURITY NUMBER*		<b>OUT-OF-STATE APPLICANT FEE</b> <b>ENCLOSE A \$50.00 CHECK OR MONEY ORDER</b> (made payable to Treasurer, State of Missouri)	
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		<b>INCLUDE A \$35 CHECK OR MONEY ORDER</b> (made payable to Treasurer, State of Missouri) <b>FOR UPGRADING FROM AN INITIAL OR VOC-I TO A CAREER CERTIFICATE</b>	
ALL MAIDEN/FORMER NAMES		EMAIL ADDRESS	
STREET ADDRESS		CITY, STATE, ZIP CODE	
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H (     )     W (     )	

**B. PURPOSE OF APPLICATION: Check appropriate box**

- ☐ 1. I request that my classification be **upgraded from a Temporary** to an Initial (Section II, parts A, F, and G must be completed by a program director or school district official).
- ☐ 2. I request an **extension** of my Initial Career Education (ICE) or VOC-I classification. (Section II, parts B, F, and G must be completed by a program director or school district official.) **There is no fee required for this type of request.**
- ☐ 3. I request that my classification be **upgraded** from VOC-I, VOC-II, or ICE to a Continuous Career Ed Certificate (CCEC) (Section II, parts C, F, and G must be completed by a program director or school district official). **ONLY VOC-I and Initial certificate holders, must include a \$35 check made payable to "Treasurer, State of Missouri".**
- ☐ 4. I request a **reactivation** of my Career Education Certificate (Section II, parts D, F, and G must be completed by a program director or school district official). **There is no fee required for this type of request. An up-to-date background/fingerprint check may be required.**
- ☐ 5. I request a **high-quality CCEC**; thereby exempting me from certain requirements. (Section II, parts E, F, and G must be completed by a program director or school district official.)

**C. PROFESSIONAL CONDUCT (ALL questions must be answered)**

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

\*View the Social Security number disclosure at [http://dese.mo.gov/schoollaw/freqaskques/SSN\\_Disclosure.pdf](http://dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf)

**D. SWORN AFFIDAVIT**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to continually access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE	DATE
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**SECTION II. RECOMMENDATION FROM EMPLOYING PROGRAM OR SCHOOL DISTRICT: (A-G to be completed by school official)**

**A. To be completed if applicant is upgrading their Temporary classification. Original transcripts must be submitted verifying completion of the requirements.**

☐ Applicant has completed all the requirements of their Temporary Authorization Certificate.

**B. To be completed if applicant is extending the Initial or VOC-I certificate. There is no fee required for this type of request.**

☐ Applicant has completed \_\_\_\_\_ years of Department of Elementary and Secondary Education (DESE) approved teaching experience

☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district.

☐ Applicant has completed \_\_\_\_\_ contact hours of appropriate professional development.

☐ Applicant has successfully participated in the yearly performance based teacher evaluation program.

☐ Applicant has been mentored for two-years.

☐ Applicant has participated in a beginning teacher assistance program.

**C. To be completed if applicant is upgrading the Initial Career Education, VOC-I, OR VOC-II certificate to a Career CEC classification.**

**\*ICE and VOC-I certificate holders must attach a \$35 check or money order made payable to Treasurer, State of Missouri.**

☐ Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.

☐ Applicant has developed and implemented a professional development plan that is on file with our district.

☐ Applicant has participated in and successfully completed a two-year mentor assistance program.

☐ Applicant has participated in a beginning teacher assistance program.

☐ Applicant has completed 90 contact hours of appropriate professional development.

☐ Applicant has successfully participated in the yearly performance based teacher evaluation program of this district.

**D. To be completed if applicant is reactivating their inactive certificate.**

☐ Applicant has/will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate.

**\*Applicant understands that the yearly professional development hours are in addition to the 24 contact hours.**

**E. To be completed if applicant is requesting a high quality Career CEC classification.**

☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district **AND TWO OF THE THREE FOLLOWING ITEMS:**

☐ Applicant has completed ten (10) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.

☐ Applicant has completed a master's degree.

☐ Applicant has completed certification from a national board that has been approved by the State Board of Education.

**IMPORTANT:**

**An original transcript verifying conferment of a Master's Degree and/or documentation of National Board Certification must be included with the application if required.**

**F. Verification of approved teaching experience – To be completed by school official for all upgrading applicants.**

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s) \_\_\_\_\_ years \_\_\_\_\_ months

Total teaching experience at this district \_\_\_\_\_ years \_\_\_\_\_ months

Total approved teaching experience \_\_\_\_\_ years \_\_\_\_\_ months

**G. To be completed by school official for all applicants.**

I verify that \_\_\_\_\_ has provided documentation for all of the above information and the information is true and complete to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

SCHOOL DISTRICT

TITLE OF SCHOOL OFFICIAL

SCHOOL ADDRESS

SCHOOL TELEPHONE

EMAIL ADDRESS

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:

**PLEASE RETURN THIS FORM TO  
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.  
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!  
<http://dese.mo.gov>**